OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-350-Sub 24) DATE: 2/12/73

FROM : SUPERVISOR VINCENT L. INSERRA

SUBJECT: RACKETEER PROFILE PROGRAM
CHICAGO DIVISION

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

Subject	Chicago File	Agent Assigned
[redacted]	92-1415	BASSETT
INSTA, JOSEPH	92-1872	[redacted]
TEUTONICA, FRANK	92-2023	
TORELLO, JAMES	92-1360	
TORNABENE, LOUIS	92-3289	
TORTORIELLO, JAMES	92-1679	BASSETT
[redacted]	92-2321	[redacted]
VIECO, NICK	92-2181	
VOGEL, EDWARD	92-345	ROEMER
[redacted]	92-3018	[redacted]
VOLPE, DOMINIC	92-2107	
WEINER, IRV	92-3262	MALONE
[redacted]	92-452	[redacted]

b6
b7C

Agents to whom these cases are assigned are requested to promptly execute the appropriate form which will be transmitted to the Bureau by SA ROBERT L. MALONE, coordinator of this program.

1 - C-1 Tickler
1 - SA ROBERT L. MALONE
1 - CCO
1 - Each of Above Cases

VLI/vcl
(17)

open 345 354
92-354 Sub 1
VLI

92-345 Sub 1-11
~~92-354 Sub 1~~

SEARCHED INDEXED
SERIALIZED FILED
FEB 12 1973
FBI — CHICAGO

VLI

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F JR

DATE			AGENCY	FIELD OFFICE
/YR: 73	/MO: 02	/DY: 16	/AGN: FBI	/FLD: E

OFFICE PHONE NUMBER
/PHN: 3124311333

(NEW) OR MOD

NEW *MOD*

VERIFICATION	SUBJECT'S IDENTIFIER
/VER: V	/IDEN: 57E

NAME OF SUBJECT
/NAME: VOGEL, EDWARD JOHN

SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT
/SEX: M	/STAT: D	/MDN:

ALIASES

ALIAS

ALIAS (*ALIAS*) *ADD*ALIAS* *CHG *ALIAS*
/AKA: MILLER, ED

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME (*NKNM*) *ADD*NKNM* *CHG *NKNM*
/NICK: DUTCH

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION (*CINV*) *ADD*CINV* *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN			DATE INVESTIGATION CLOSED		
/FYR: 57	/FMO: 12	/FDY: 06	/TYR: 00	/TMO: 00	/TDY: 00

TYPE OF INVESTIGATION	AGENCY INVESTIGATING
/TINV:	/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

FORM CM-75 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

SUBJECT'S IDENTIFYING NUMBERS (*ID*) *ADD*ID* *CHG *ID*

ID

VERIFICATION /VER: V	FBI NUMBER /FBI: 4329702
ORG. CRIME & RACKET. # /OCR:	SOCIAL SECURITY NUMBER /SSN:
CRIMINAL IDENTIFICATION NUMBER /PD: D33254	
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY: CHICAGO	
STATE (R) /ST: IL	ZIP CODE /ZIP: 60605

(*ID*) *ADD*ID* *CHG *ID*

VERIFICATION /VER: V	CRIMINAL IDENTIFICATION NUMBER /PD: A16847
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY: PALM BEACH	
STATE (R) /ST: FL	ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER:	FBI NUMBER /FBI:
ORG. CRIME & RACKET. # /OCR:	SOCIAL SECURITY NUMBER /SSN:
CRIMINAL IDENTIFICATION NUMBER /PD:	
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:	
STATE (R) /ST:	ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER:	CRIMINAL IDENTIFICATION NUMBER /PD:
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:	
STATE (R) /ST:	ZIP CODE /ZIP:

LICENSE OR MISCELLANEOUS NUMBERS *NBRS* *ADD*NBRS* *CHG *NBRS*

NBRS

VERIFICATION /VER:	DATE OF ISSUE /FYR: /FMO: /FDY:	DATE OF EXPIRATION /TYR: /TMO: /TDY:
TYPE OF NUMBER OR LICENSE /TNBR:		
NUMBER /NBR:		
ISSUING AGENCY /AGY:		ISSUING STATE (R) /ST:

NBRS *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER:	DATE OF ISSUE /FYR: /FMO: /FDY:	DATE OF EXPIRATION /TYR: /TMO: /TDY:
TYPE OF NUMBER OR LICENSE /TNBR:		
NUMBER /NBR:		
ISSUING AGENCY /AGY:		ISSUING STATE (R) /ST:

NBRS *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER:	DATE OF ISSUE /FYR: /FMO: /FDY:	DATE OF EXPIRATION /TYR: /TMO: /TDY:
TYPE OF NUMBER OR LICENSE /TNBR:		
NUMBER /NBR:		
ISSUING AGENCY /AGY:		ISSUING STATE (R) /ST:

FORM CM-76 (Rev. 10-72)

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NAME OF SUBJECT:

EDWARD VOGEL

FORM CM-75

MARITAL STATUS: DIVORCED TWICE

ALIASES : ED MILLER

NICKNAMES : "DUTCH"

FORM CM-76

SUBJECT'S IDENTIFYING NUMBERS (IF AVAILABLE)

FBI # : ~~4 329 7~~ 4 329 702

SOCIAL SECURITY # : UNK.

PD # : Chgo D 332 54 Palm Beach, Fla. # - 1654

DRIVERS LICENSE # :

Date of Issue : None - doesn't drive

Date of Expiration:

State :

SEARCHED ____ INDEXED ____
SERIALIZED CRB FILED CRB
FBI — CHICAGO

92-345 Sub 1-2

92-345 Sub 1-3

SEARCHED INDEXED
SERIALIZED FILED
JUL 23 1973
FBI—CHICAGO

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

RELATIVE (RELAT*) *ADD*RELAT* *CHG | *RELAT*

RELAT

VERIFICATION /VER:

NAME OF RELATIVE /NAME:

MAIDEN NAME OF RELATIVE /MDN: | SEX (M OR F) /SEX: | MARITAL STATUS(R) /STAT: W

RELATIONSHIP TO SUBJECT (R) /REL:

SUBRELATION TO SUBJECT /SREL:

VITAL STATISTICS ON RELATIVE *RELBIRTH* *ADD | *RELBIRTH* *CHG | *RELBIRTH*

RELBIRTH

VERIFICATION /VER: | CITY WHERE RELATIVE WAS BORN /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | DATE OF BIRTH /FYR: /FMO: /FDY: | CITIZENSHIP (R) /CIT:

RELDEATH *ADD | *RELDEATH* *CHG | *RELDEATH*

RELDEATH

VERIFICATION /VER: | CITY WHERE RELATIVE DIED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | DATE OF DEATH /TYR: /TMO: /TDY:

CAUSE OF DEATH /DEAD:

RELATIVE'S RESIDENCE/TELEPHONE *RELAD* *ADD | *RELAD* *CHG | *RELAD*

RELAD

VERIFICATION /VER: | DATES OF RESIDENCE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

APARTMENT, HOTEL OR PRISON NAME /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY OF RESIDENCE /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | APARTMENT OR ROOM NO. /APT:

TELEPHONE (1) /TEL1: | TELEPHONE (2) /TEL2:

RELATIVE'S EMPLOYMENT *RELEMP* *ADD | *RELEMP* *CHG | *RELEMP*

RELEMP

VERIFICATION /VER:

NAME OF BUSINESS WHERE EMPLOYED /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE BUSINESS IS LOCATED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP:

RELATIVE'S IDENTIFYING NUMBERS *RELID* *ADD | *RELID* *CHG | *RELID*

RELID

VERIFICATION /VER: | FBI NUMBER /FBI:

ORGANIZED CRIME & RACKETEERING NUMBER /OCR: | SOCIAL SECURITY NUMBER /SSN:

POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST: | ZIP CODE /ZIP:

RELID *ADD | *RELID* *CHG | *RELID*

VERIFICATION /VER: | POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST: | ZIP CODE /ZIP:

FORM CM-84 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER: | /VEH: NONE | TYPE OF VEHICLE (R) | MODEL YEAR /MODYR:

MAKE OF VEHICLE /MAKE:

MODEL OF VEHICLE /MODEL: | VEHICLE COLOR (R) /COL:

BODY STYLE OF VEHICLE (R) /BODY:

SERIAL NUMBER OF VEHICLE /SERNBR:

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER: | LICENSE VALIDITY DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN:

CITY WHERE OWNER RESIDES /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | TITLE NUMBER /TTL:

LICENSE TAG NUMBER /REG:

VEH2 *ADD *VEH2* *CHG *VEH2*

VERIFICATION /VER:

NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER: | /VEH: | TYPE OF VEHICLE (R) | MODEL YEAR /MODYR:

MAKE OF VEHICLE /MAKE:

MODEL OF VEHICLE /MODEL: | VEHICLE COLOR (R) /COL:

BODY STYLE OF VEHICLE (R) /BODY:

SERIAL NUMBER OF VEHICLE /SERNBR:

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER: | LICENSE VALIDITY DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN:

CITY WHERE OWNER RESIDES /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | TITLE NUMBER /TTL:

LICENSE TAG NUMBER /REG:

VEH2 *ADD *VEH2* *CHG *VEH2*

VERIFICATION /VER:

NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

NON-RESIDENCE PHONE *PHONE* *ADD*PHONE* *CHG *PHONE*

PHONE

VERIFICATION /VER: | DATE OR PERIOD OF USAGE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

PHONE NUMBER /NUMBER:

NAME OF SUBSCRIBER /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE SUBSCRIBER RESIDES (IS LOCATED) /CITY:

STATE(R) /ST: | ZIP CODE /ZIP:

REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC. /REMARK:

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FORM CM-80 (Rev. 10-72)

NAME: VOGEL, Edward

VEHICLES

Type of vehicle:
(se e attached page) None

Model year:

Make of vehicle:

Model of vehicle:

Vehicle color:
(see attached page)

Body style of vehicle:
(see attached page)

Serial number of vehicle:

Verification:_____(see attached page)

License validity dates:

Name of person or company owning vehicle:

City, state and zip code where owner resides:

Title number:

License tag number and state:

Verification:_____(see attached page)

Name of second person or company
owning vehicle:
Verification:_____(see attached page)

NON-RESIDENCE PHONE

Dates of usage:

Phone number: None

Name of subscriber:
Street address, city, state and zip code:

Remarks about usage location, purpose, etc.:

Verification:_____(see attached page)

92-345

FORM CM-80

Keene

RELATIVES
(SPOUSE ONLY)

Name of relative: Vogel

Maiden name of relative: Widower

Sex_____ Marital Status_____

Relationship to subject:

Subrelation to subject:

Verification:

City, state, and zip code
where relative was born:

Date of birth:

Country of citizenship:

Verification:

City, state, and zip code
where relative died:

Date of death:

Cause of death:

Verification:

Dates of residence:

Name of apartment, hotel or prison:

Street address, city, state and
zip code of residence:

Apartment or room number:

Telephone number(s):

Verification:

92-345 Sub 1-4

SEARCHED INDEXED
SERIALIZED FILED
JUL 26 1973
FBI—CHICAGO

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

SUBJECT'S EMPLOYMENT *EMP* *ADD*EMP* *CHG *EMP*

EMP

VERIFICATION	DATES OF EMPLOYMENT					
/VER: 0	/FYR: 90	/FMO: 00	/FDY: 00	/TYR: 00	/TMO: 00	/TDY: 00

NAME OF BUSINESS WHERE EMPLOYED
/EST: KELLY H CIGARETTE SERVICE

STREET NUMBER	STREET NAME
/STNBR: 7700	/STNM: MILWAUKEE

CITY WHERE BUSINESS IS LOCATED
/CITY: NILES

STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)
/ST: IL	/ZIP:	/BUS:

JOB TITLE (DESCRIPTION OF WORK)	ANNUAL INCOME(IN THOUS.)
/JOB: OWNER	/SAL:

FINANCIAL HOLDING OR OBLIGATION *FINAN* *ADD*FINAN* *CHG *FINAN*

FINAN

VERIFICATION	TYPE OF HOLDING OR OBLIGATION (R)
/VER:	/TFIN:

NAME OF BUSINESS
/EST:

STREET NUMBER	STREET NAME
/STNBR:	/STNM:

CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED
/CITY:

STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)	% CONTROL
/ST:	/ZIP:	/BUS:	/CONT:

NUMBER OF SHARES (IN 100'S)	FACE VALUE OR PRINCIPAL (IN 100'S)	ANNUAL INCOME (IN 100'S)
/SHR:	/VALUE:	/INC:

FINAN *ADD*FINAN* *CHG *FINAN*

VERIFICATION	TYPE OF HOLDING OR OBLIGATION (R)
/VER:	/TFIN:

NAME OF BUSINESS
/EST:

STREET NUMBER	STREET NAME
/STNBR:	/STNM:

CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED
/CITY:

STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)	% CONTROL
/ST:	/ZIP:	/BUS:	/CONT:

NUMBER OF SHARES (IN 100'S)	FACE VALUE OR PRINCIPAL (IN 100'S)	ANNUAL INCOME (IN 100'S)
/SHR:	/VALUE:	/INC:

BANK ACCOUNT *BANK* *ADD*BANK* *CHG *BANK*

BANK

VERIFICATION	DATES OF ACCOUNT					
/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:

TYPE OF ACCOUNT (R)	ACCOUNT NUMBER
/ACCT:	/ACCTNBR:

NAME OF BANK
/EST:

BANK BRANCH NAME
/BRNM:

STREET NUMBER	STREET NAME
/STNBR:	/STNM:

CITY WHERE BANK IS LOCATED
/CITY:

STATE (R)	ZIP CODE
/ST:	/ZIP:

BANK *ADD*BANK* *CHG *BANK*

VERIFICATION	DATES OF ACCOUNT					
/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:

TYPE OF ACCOUNT (R)	ACCOUNT NUMBER
/ACCT:	/ACCTNBR:

NAME OF BANK
/EST:

BANK BRANCH NAME
/BRNM:

STREET NUMBER	STREET NAME
/STNBR:	/STNM:

CITY WHERE BANK IS LOCATED
/CITY:

STATE (R)	ZIP CODE
/ST:	/ZIP:

FORM CM-78 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F JR

DATE	AGENCY	FIELD OFFICE
/YR: 73 /MO: 07 /DY: 24	/AGN: FBI	/FLD: E

OFFICE PHONE NUMBER
/PHN: 312 435 1333

NEW OR (MOD)

NEW (*MOD*)

VERIFICATION	SUBJECT'S IDENTIFIER
/VER:	/IDEN: 57E

NAME OF SUBJECT
/NAME: WOCELIEN EDWARD DAVIN

SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT
/SEX:	/STAT:	/MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* (*ADD*CINV*) *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN	DATE INVESTIGATION CLOSED
/FYR: /FMO: /FDY:	/TYR: /TMO: /TDY:

TYPE OF INVESTIGATION	AGENCY INVESTIGATING
/TINV: AR	/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

FORM CM-75 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VITAL STATISTICS ON SUBJECT (*BIRTH*) *ADD*BIRTH* *CHG *BIRTH*

BIRTH

VERIFICATION /VER: I
CITY WHERE SUBJECT WAS BORN /CITY: CHICAGO
STATE (R) /ST: IL
ZIP CODE /ZIP: 60602
DATE OF BIRTH /FYR: 95 /FMO: 07 /FDY: 16
CITIZENSHIP (R) /CIT: US

DEATH *ADD*DEATH* *CHG *DEATH*

DEATH

VERIFICATION /VER:
CITY WHERE SUBJECT DIED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
DATE OF DEATH /TYR: /TMO: /TDY:
CAUSE OF DEATH /DEAD:

PHYSICAL DESCRIPTION (*PHYS*) *ADD*PHYS* *CHG *PHYS*

PHYS

VERIFICATION /VER: I
MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH: STROKE
HAIR COLOR (R) /HAIR: BROWN
HEIGHT /HT: 507
FINGERPRINT CLASSIFICATION (R) /FING:
EYE COLOR (R) /EYE: GREY
PHYSICAL MARK, SCAR, ETC. (R) /MARK:
COMPLEXION (R) /CMPLX: MEDIUM
WEIGHT /WT: 175
RACE (R) /RACE: CAUCASIAN
BUILD (R) /BLD: HEAVY

PHYS *ADD*PHYS* *CHG *PHYS*

VERIFICATION /VER:
PHYSICAL MARK, SCAR, ETC. (R) /MARK:
MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH:

SUBJECT'S RESIDENCE/TELEPHONE (*ADDR*) *ADD*ADDR* *CHG *ADDR*

ADDR

APARTMENT, HOTEL, OR PRISON NAME /EST: LAKE SHORE DRIVE HOTEL
STREET NUMBER /STNBR: 188
STREET NAME /STNM: LAKESHORE DR E
VERIFICATION /VER:
CITY OF RESIDENCE /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
DATES OF RESIDENCE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
APARTMENT OR ROOM NO. /APT:
TELEPHONE (1) /TEL1:
TELEPHONE (2) /TEL2:

EDUCATION (*ED*) *ADD*ED* *CHG *ED*

ED

VERIFICATION /VER: I
ATTENDANCE DATES /FYR: 02 /FMO: 00 /FDY: 00 /TYR: 10 /TMO: 00 /TDY: 00
NAME OF SCHOOL /EST: FROEBEL SCHOOL
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE SCHOOL IS LOCATED /CITY: CHICAGO
STATE (R) /ST: IL
ZIP CODE /ZIP: 60602
TYPE OF SCHOOL (R) /SCH: GRAMMAR
HIGHEST GRADE COMPLETED (R) /GRD: 8
MAJOR /MJR:

MILITARY RECORD *MIL* *ADD*MIL* *CHG *MIL*

MIL

VERIFICATION /VER:
DATES IN SERVICE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
BRANCH OF SERVICE (R) /BRCH:
MILITARY OCCUPATIONAL SPECIALITY /MOS:
HIGHEST GRADE or RANK /RANK:
TYPE OF SEPARATION /SEP:
RESERVE BRANCH (R) /RSRV:
HIGHEST GRADE or RANK (Reserve) /RNK:
RESERVE DATES /NYR: /NMO: /NDY: /MYR: /MMO: /MDY:

HOBBY *HOBBY* *ADD*HOBBY* *CHG *HOBBY*

HOBBY

KIND OF HOBBY /HOB:
CITY WHERE HOBBY TAKES PLACE /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
ANNUAL COST (Dollars) /COST:

FORM CM-77 (Ed. 5-72)

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

HANGOUTS AND PLACES FREQUENTED

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

HANGOUT

VERIFICATION /VER: 7
TYPE OF ESTABLISHMENT (R) /TEST: RESTAURANT
NAME OF PLACE FREQUENTED (HANGOUT) /EST: SHAGS EHS
STREET NUMBER /STNBR: 180
STREET NAME /STNM: LAKESHORE DR E
CITY WHERE ESTABLISHMENT IS LOCATED /CITY: CHICAGO
STATE (R) /ST: IL
ZIP CODE /ZIP: 60601
FREQUENCY (R) /FRE: WEEKLY
AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER:
TYPE OF ESTABLISHMENT (R) /TEST:
NAME OF PLACE FREQUENTED (HANGOUT) /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE ESTABLISHMENT IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
FREQUENCY (R) /FRE:
AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER:
TYPE OF ESTABLISHMENT (R) /TEST:
NAME OF PLACE FREQUENTED (HANGOUT) /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE ESTABLISHMENT IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
FREQUENCY (R) /FRE:
AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER:
TYPE OF ESTABLISHMENT (R) /TEST:
NAME OF PLACE FREQUENTED (HANGOUT) /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE ESTABLISHMENT IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
FREQUENCY (R) /FRE:
AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

TRAVEL

TRAVEL *ADD*TRAVEL* *CHG *TRAVEL*

TRAVEL

VERIFICATION /VER: 7
DATES OF TRAVEL /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF LODGING /EST: THE SAH
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE LODGING IS LOCATED /CITY: PALM SPRINGS
STATE (R) /ST: CA
ZIP CODE /ZIP:
MODE OF TRAVEL (R) /MODE: PLANE
NAME OF CARRIER /CARNM:

TRAVEL *ADD*TRAVEL* *CHG *TRAVEL*

VERIFICATION /VER:
DATES OF TRAVEL /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF LODGING /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE LODGING IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
MODE OF TRAVEL (R) /MODE:
NAME OF CARRIER /CARNM:

FORM CM-79 (Ed. 5-72)

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57E

Name: VOGEL, Edward David 92-345

Name of Place Frequented: Soger East
(Hangout)

Type of Establishment: Restaurant
(see attached page)

Verification: I
(see attached page)

Street Address, City, State, and Zip Code Where Establishment is Located: 180 E. Lake Shore Dr. Chicago, Ill. 60608

Frequency: Tri-weekly
(see attached page)

Average Length of stay: 3 hours
(in days)

Dates of Travel: Monthly

Name of Lodging: The Spa

Street Address, City, State, and Zip Code of Lodging: Palm Springs, California

Mode of Travel: Airplane

Name of Carrier: all ALA

Verification: I
(see attached page)

FORM CM-79

Palmer

92-345

Name: VOGEL, Edward David
Dates of Employment: 1940 to date
Name of Business Where Employed: Deluxe Cigarette Service

Address, City, State, and Zip Code Where Employed: 7700 No. Milwaukee Niles, Ill.

Verification:
(refer to attached pg. 1) D
Type of Business:
(refer to attached pg. 1)

Job Title: Owner
Annual Income:

Type of Financial Holding or
Obligation: (refer to attached pg. 2) None known

Verification:
(refer to attached pg. 1)

Name of Business:

Street Address, City, State, and Zip Code
Where Business or Real Estate is Located:

Type of Business:
(refer to attached pg. 1)

Number of Shares:
Percent(%) Control:
Face Value or Principal:
Annual Income:
(from financial holdings)

Type of Bank Account:
(refer to attached pg. 2) None known
Verification:
(refer to attached pg. 1)

Dates of Account:
Account Number:
Name of Bank:
Bank Branch Name:
Street Addre ss, City, State,
and Zip Code of Bank:

FORM CM-78

Laemle

C-1

57E Palmer

FORM CM-77

VITAL STATISTICS

Name: ~~DAVID~~ EDWARD VOGEL

Date of Birth: 7-16-1895

Place of Birth: City CHICAGO, State ILL Zip Code 60602

Citizenship: Country USA Verification? (Page 10) D

Date of Death:

Place of Death: City _____ State _____ Zip Code _____

Cause of Death:

Verification ? (Page 10)

Height: 5'7

Weight: 175

Hair Color: BRWN

Eye Color: GREY

Build: HEAVY

Complexion: MEDIUM

Race: WHITE

Physical Mark, Scar, Etc:

Mental or Physical Health Problem: STROKE, BLOOD CLOT

(A) Kind of mark

(B) Position

(C) Body part

Verification? (p.10) I

(For above, see page 22)

Residence: Street Number 188 E. LAKE SHORE DR. City CHICAGO

State ILL Zip Code 60605

Name of Apartment, Hotel or Prison: Lake Shore Dr. Hotel

Apartment or Room Number:

Dates of Residence:

Telephone Number (s)

Verification? (Page 10)

Education: Grade School

Name of School: FROEBEL SCHOOL

Address: Street Number _____ City CHICAGO

State ILL Zip Code 60607

Type of School: GRAMMAR (p. 18)

Highest Grade Completed: 8 (p. 18)

Major:

Attendance Dates: 1902 - 1910

Verification?(p. 10) I

Military Record: None

Highest Grade or Rank:

Dates in Service:

Branch of Service: (p. 22)

Type of Separation:

Military Occupational Specialty:

Reserve Branch :

Highest Grade or Rank (Reserve):

Reserve Dates:

Verification?

Hobby: None

Kind of Hobby:

Where Hobby Takes Place: City _____ State _____ Zip Code _____

Annual Cost: